

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Filed )  
Against: )

Enoc Chambi, M.D. )

Physician's and Surgeon's )  
Certificate No. A 42966 )

Respondent. )  
\_\_\_\_\_ )

File No. 10-2007-184184

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 28, 2011.

IT IS SO ORDERED September 30, 2011.

MEDICAL BOARD OF CALIFORNIA

By: Shelton Duruisseau  
Shelton Duruisseau, Ph.D., Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 ABRAHAM M. LEVY  
Deputy Attorney General  
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*Attorneys for Complainant*

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11 **BEFORE THE**  
12 **MEDICAL BOARD OF CALIFORNIA**  
13 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 ENOC CHAMBI, M.D.  
9655 Monte Vista Avenue, Suite 407  
16 Montclair, CA 91763

17 Physician's and Surgeon's Certificate No.  
A42966,

18 Respondent.  
19

Case No. 10-2007-184184

OAH No. 2010071232

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 PARTIES

23 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
24 California. She brought this action solely in her official capacity and is represented in this matter  
25 by Kamala D. Harris, Attorney General of the State of California, by Abraham M. Levy, Deputy  
26 Attorney General.

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2. Respondent ENOC CHAMBI, M.D. is represented in this proceeding by attorney Michael Zuk, Esq., whose address is 1925 Century Park East, Suite 600, Los Angeles, California 90067-2783. On or about August 11, 1986, the Medical Board of California issued Physician's and Surgeon's Certificate Number A42966 to Enoc Chambi, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 10-2007-184184 and will expire on January 31, 2012, unless renewed.

## JURISDICTION

3. On May 3, 2010, Accusation No. 10-2007-184184 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on May 3, 2010. Respondent timely filed his Notice of Defense contesting the charges and allegations contained in Accusation No. 10-2007-184184. A true and correct copy of Accusation No. 10-2007-184184 is attached hereto as Exhibit A and incorporated hereto by reference.

## ADVISEMENT AND WAIVERS

4. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations contained in Accusation No. 10-2007-184184. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

5. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations contained in Accusation No. 10-2007-184184; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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6. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

7. Respondent admits the complete truth and accuracy of all of the charges and allegations contained in Accusation No. 10-2007-184184, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A42966 to disciplinary action. Respondent further agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

8. Respondent further agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 10-2007-184184 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California or elsewhere.

## CONTINGENCY

9. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it.

10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of

1 this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and  
2 shall not be relied upon or introduced in any disciplinary action by either party hereto.

3 Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary  
4 Order for any reason, respondent shall assert no claim that the Board, or any member thereof, was  
5 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and  
6 Disciplinary Order or of any matter or matters related hereto.

#### 7 ADDITIONAL PROVISIONS

8 11. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
9 be an integrated writing representing the complete, final and exclusive embodiment of the  
10 agreements of the parties in the above-entitled matter.

11 12. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary  
12 Order, including facsimile signatures of the parties, may be used in lieu of original documents and  
13 signatures and, further, that facsimile copies shall have the same force and effect as originals.

14 13. In consideration of the foregoing admissions and stipulations, the parties agree the  
15 Board may, without further notice to or opportunity to be heard by respondent, issue and enter the  
16 following Disciplinary Order:

#### 17 DISCIPLINARY ORDER

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A42966 issued  
19 to Respondent Enoc Chambi M.D. (Respondent) is revoked. However, the revocation is stayed  
20 and Respondent is placed on probation for three (3) years from the effective date of this Decision  
21 on the following terms and conditions.

22 1. ETHICS COURSE Within 60 calendar days of the effective date of this Decision,  
23 respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the  
24 Board or its designee. Failure to successfully complete the course during the first year of  
25 probation is a violation of probation.

26 An ethics course taken after the acts that gave rise to the charges in the Accusation, but  
27 prior to the effective date of the Decision may, in the sole discretion of the Board or its designee,  
28

1 be accepted towards the fulfillment of this condition if the course would have been approved by  
2 the Board or its designee had the course been taken after the effective date of this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the  
7 effective date of this decision, respondent shall enroll in a course in medical record keeping, at  
8 respondent's expense, approved in advance by the Board or its designee. Failure to successfully  
9 complete the course during the first 6 months of probation is a violation of probation.

10 A medical records keeping course taken after the acts that gave rise to the charges in the  
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
12 or its designee, be accepted towards the fulfillment of this condition if the course would have  
13 been approved by the Board or its designee if the course had been taken after the effective date of  
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its  
16 designee not later than 15 calendar days after successfully completing the course, or not later than  
17 15 days after the effective date of this Decision, whichever is later.

18 3. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date  
19 of this Decision, respondent shall enroll in a clinical training or educational program equivalent to  
20 the Physician Assessment and Clinical Education Program (PACE) offered at the University of  
21 California-San Diego School of Medicine ("Program").

22 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
23 day assessment of respondent's physical and mental health; basic clinical and communication  
24 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
25 respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education  
26 in the area of practice in which respondent was alleged to be deficient and which takes into  
27 account data obtained from the assessment, Decision(s), Accusation(s), and any other information  
28

1 that the Board or its designee deems relevant. Respondent shall pay all expenses associated with  
2 the clinical training program.

3 Based on respondent's performance and test results in the assessment and clinical education,  
4 the Program will advise the Board or its designee of its recommendation(s) for the scope and  
5 length of any additional educational or clinical training, treatment for any medical condition,  
6 treatment for any psychological condition, or anything else affecting respondent's practice of  
7 medicine. Respondent shall comply with Program recommendations.

8 At the completion of any additional educational or clinical training, respondent shall submit  
9 to and pass an examination. The Program's determination whether or not respondent passed the  
10 examination or successfully completed the Program shall be binding.

11 Respondent shall complete the Program not later than six months after respondent's initial  
12 enrollment unless the Board or its designee agrees in writing to a later time for completion.

13 Failure to participate in and complete successfully all phases of the clinical training  
14 program outlined above is a violation of probation.

15 4. MONITORING – PRACTICE Within 30 calendar days of the effective date of  
16 this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
17 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons  
18 whose licenses are valid and in good standing, and who are preferably American Board of  
19 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
20 personal relationship with Respondent, or other relationship that could reasonably be expected to  
21 compromise the ability of the monitor to render fair and unbiased reports to the Board, including,  
22 but not limited to, any form of bartering, shall be in Respondent's field of practice, and must  
23 agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

24 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
25 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
26 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
27 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
28 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees

1 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
2 signed statement.

3 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
4 probation, Respondent's practice shall be monitored by the approved practice monitor.  
5 Respondent shall make all records available for immediate inspection and copying on the  
6 premises by the monitor at all times during business hours, and shall retain the records for the  
7 entire term of probation.

8 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
9 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
10 are within the standards of practice.

11 It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
12 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
13 preceding quarter.

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
16 name and qualifications of a replacement monitor who will be assuming that responsibility within  
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 days  
18 of the resignation or unavailability of the monitor, Respondent shall be suspended from the  
19 practice of medicine until a replacement monitor is approved and prepared to assume immediate  
20 monitoring responsibility. Respondent shall cease the practice of medicine within 3 calendar  
21 days after being so notified by the Board or designee.

22 Failure to maintain all records, or to make all appropriate records available for immediate  
23 inspection and copying on the premises, or to comply with this condition as outlined above is a  
24 violation of probation.

25 Respondent shall have a practice monitor for the entire duration of his probation. However,  
26 if no adverse reports are submitted to the Board or its designee by his probation monitor during  
27 the first year of probation, Respondent shall not be required to have a practice monitor for the  
28 remainder of his probation.



1           5.       PROHIBITED PRACTICE   During probation Respondent is prohibited from  
2 performing any surgeries without adequate liability insurance coverage. Respondent shall  
3 provide the Board or its designee proof of such coverage and/or make such proof available for  
4 immediate inspection or copying by the Board or its designee. Failure to maintain proof of  
5 adequate liability coverage or make proof of same available to the Board or its designee for  
6 immediate inspection and copying on the premises during business hours are violations of  
7 probation.

8           Respondent shall, further, maintain a log of all surgeries he performs. Such log shall  
9 identify the patients by name, address, phone number(s), medical record number (if available),  
10 type of surgical procedure(s) performed, and date of procedure(s). The log will also identify the  
11 date the log entry was made. Respondent shall keep this log as a separate file or ledger, in  
12 chronological order, shall make the log available for immediate inspection and copying on the  
13 premises during business hours at all times by the Board or its designee, and shall retain the log  
14 during the period of probation. Failure to maintain a log or make it available to the Board or its  
15 designee for immediate inspection and copying on the premises during business hours are  
16 violations of probation.

17           6.       NOTIFICATION   Prior to engaging in the practice of medicine, the Respondent  
18 shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief  
19 Executive Officer at every hospital where privileges or membership are extended to Respondent,  
20 at any other facility where Respondent engages in the practice of medicine, including all  
21 physician and locum tenens registries or other similar agencies, and to the Chief Executive  
22 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.  
23 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar  
24 days.

25           This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

26           7.       OBEY ALL LAWS   Respondent shall obey all federal, state and local laws, all  
27 rules governing the practice of medicine in California, and remain in full compliance with any  
28 court ordered criminal probation, payments and other orders.

1           8.       QUARTERLY DECLARATIONS Respondent shall submit quarterly  
2 declarations under penalty of perjury on forms provided by the Board, stating whether there has  
3 been compliance with all the conditions of probation. Respondent shall submit quarterly  
4 declarations not later than 10 calendar days after the end of the preceding quarter.

5           9.       PROBATION UNIT COMPLIANCE Respondent shall comply with the Board's  
6 probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business  
7 and residence addresses. Changes of such addresses shall be immediately communicated in  
8 writing to the Board or its designee. Under no circumstances shall a post office box serve as an  
9 address of record, except as allowed by Business and Professions Code section 2021(b).

10           Respondent shall not engage in the practice of medicine in Respondent's place of residence.  
11 Respondent shall maintain a current and renewed California physician's and surgeon's license.

12           Respondent shall immediately inform the Board, or its designee, in writing, of travel to any  
13 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30  
14 calendar days.

15           10.      INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent shall be  
16 available in person for interviews either at Respondent's place of business or at the probation unit  
17 office, with the Board or its designee, upon request at various intervals, and either with or without  
18 prior notice throughout the term of probation.

19           11.      RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should  
20 leave the State of California to reside or to practice, Respondent shall notify the Board or its  
21 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is  
22 defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in  
23 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

24           All time spent in an intensive training program outside the State of California which has  
25 been approved by the Board or its designee shall be considered as time spent in the practice of  
26 medicine within the State. A Board-ordered suspension of practice shall not be considered as a  
27 period of non-practice. Periods of temporary or permanent residence or practice outside  
28 California will not apply to the reduction of the probationary term. Periods of temporary or

1 permanent residence or practice outside California will relieve Respondent of the responsibility to  
2 comply with the probationary terms and conditions with the exception of this condition and the  
3 following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and  
4 Cost Recovery.

5 Respondent's license shall be automatically cancelled if Respondent's periods of temporary  
6 or permanent residence or practice outside California total two years. However, Respondent's  
7 license shall not be cancelled as long as Respondent is residing and practicing medicine in  
8 another state of the United States and is on active probation with the medical licensing authority  
9 of that state, in which case the two year period shall begin on the date probation is completed or  
10 terminated in that state.

11 12. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

12 In the event Respondent resides in the State of California and for any reason Respondent  
13 stops practicing medicine in California, Respondent shall notify the Board or its designee in  
14 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any  
15 period of non-practice within California, as defined in this condition, will not apply to the  
16 reduction of the probationary term and does not relieve Respondent of the responsibility to  
17 comply with the terms and conditions of probation. Non-practice is defined as any period of time  
18 exceeding 30 calendar days in which Respondent is not engaging in any activities defined in  
19 sections 2051 and 2052 of the Business and Professions Code.

20 All time spent in an intensive training program which has been approved by the Board or its  
21 designee shall be considered time spent in the practice of medicine. For purposes of this  
22 condition, non-practice due to a Board-ordered suspension or in compliance with any other  
23 condition of probation, shall not be considered a period of non-practice.

24 Respondent's license shall be automatically cancelled if Respondent resides in California  
25 and for a total of two years, fails to engage in California in any of the activities described in  
26 Business and Professions Code sections 2051 and 2052.

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1           13.     COMPLETION OF PROBATION Respondent shall comply with all financial  
2 obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior  
3 to the completion of probation. Upon successful completion of probation, Respondent's  
4 certificate shall be fully restored.

5           14.     VIOLATION OF PROBATION Failure to fully comply with any term or  
6 condition of probation is a violation of probation. If Respondent violates probation in any  
7 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke  
8 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to  
9 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,  
10 the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
11 shall be extended until the matter is final.

12           15.     LICENSE SURRENDER Following the effective date of this Decision, if  
13 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
14 the terms and conditions of probation, Respondent may request the voluntary surrender of  
15 Respondent's license. The Board reserves the right to evaluate Respondent's request and to  
16 exercise its discretion whether or not to grant the request, or to take any other action deemed  
17 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
18 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the  
19 Board or its designee and Respondent shall no longer practice medicine. Respondent will no  
20 longer be subject to the terms and conditions of probation and the surrender of Respondent's  
21 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the  
22 application shall be treated as a petition for reinstatement of a revoked certificate.

23           16.     PROBATION MONITORING COSTS Respondent shall pay the costs associated  
24 with probation monitoring each and every year of probation, as designated by the Board, which  
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
26 California and delivered to the Board or its designee no later than January 31 of each calendar  
27 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.  
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1  
2 ACCEPTANCE

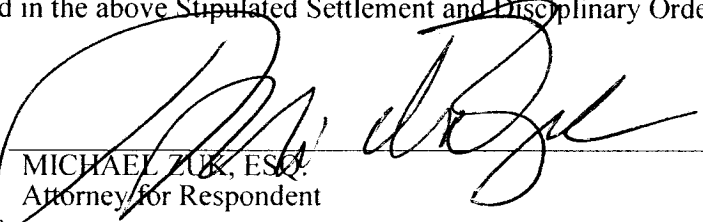
3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorney, Michael Zuk, Esq. I understand the stipulation and the effect it  
5 will have on my Physician's & Surgeon's Certificate No. A42966. I enter into this Stipulated  
6 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
7 bound by the Decision and Order of the Medical Board of California.

8  
9 DATED: 7/18/2011

  
ENOC CHAMBI, M.D.  
Respondent

11 I have read and fully discussed with Respondent ENOC CHAMBI, M.D., the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
13 I approve its form and content.

14 DATED: 7/19/2011

  
MICHAEL ZUK, ESQ.  
Attorney for Respondent

17  
18 ENDORSEMENT

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
20 submitted for consideration by the Medical Board of California of the Department of Consumer  
21 Affairs.

22 Dated: 7/21/11

Respectfully Submitted,

23 KAMALA D. HARRIS  
Attorney General of California

24  
25   
ABRAHAM M. LEVY  
26 Deputy Attorney General

27 *Attorneys for Complainant*  
28

**Exhibit A**

**Accusation No. 10-2007-184184**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *May 3, 2010*  
BY *Online [Signature]* ANALYST

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*Attorneys for Complainant*

9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 10-2007-184184

13 **ENOC CHAMBI, M.D.**  
14 **9655 Monte Vista Avenue, Suite 407**  
**Montclair, CA 91763**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate No.**  
16 **A42966**

17 Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Linda K. Whitney (hereinafter "Complainant") brings this Accusation solely in  
22 her official capacity as the Interim Executive Director of the Medical Board of California,  
23 Department of Consumer Affairs.

24 2. On or about August 11, 1986, the Medical Board of California issued  
25 Physician's and Surgeon's Certificate Number A42966 to ENOC CHAMBI, M.D. (hereinafter  
26 "Respondent"). The Physician's and Surgeon's Certificate was in full force and effect at all times  
27 relevant to the charges brought herein and will expire on January 31, 2012, unless renewed.

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**JURISDICTION**

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded, or have such other action taken in relation to discipline as the Division deems proper.

5. Section 2234 of the Code states:

"The Division of Medical Quality<sup>1</sup> shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a

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<sup>1</sup> California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§2000, et. seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.



reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"..."

6. Section 2216.2(a) of the Code states: "It is unprofessional conduct for a physician and surgeon to fail to provide adequate security by liability insurance, or by participation in an interindemnity trust, for claims by patients arising out of surgical procedures performed outside of a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code."

7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

#### **FIRST CAUSE FOR DISCIPLINE**

(Gross Negligence)

8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that respondent was grossly negligent in his care and treatment of patients M.R. and L.T., as more particularly alleged hereinafter:

#### **Patient M.R.**

A. On or about September 12, 2003, patient M.R., then a 50 year old female, consulted with respondent in his Santa Ana, California, office for a "tummy tuck" and abdominal liposuction. Respondent's surgical plan for patient M.R. was "SAL" (Suction Assisted Lipectomy) of the abdomen. Respondent's History and Physical Examination dated November 7, 2003, states the "patient ask for liposuction of the abdomen area and lower back and sides." It listed a diagnosis of "Small medium abdominal panniculus<sup>2</sup> [sic]

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<sup>2</sup> Panniculus is a medical term describing a dense layer of fatty tissue growth, consisting of subcutaneous fat in the lower abdominal area.

1 with lipodystrophy<sup>3</sup> on upper lower and back sides, high B/P” and a surgical procedure of  
2 “SAL of upper and lower abdomen with supra-pubic incision for redundant skin ptosis<sup>4</sup>  
3 from small abdomen panicle [sic].”

4 B. On or about November 21, 2003, patient M.R. signed a consent for  
5 “Liposuction of abdomen (limited) + remove skin supra pubic,” an Arbitration Agreement,  
6 and a consent for photograph. There are no preoperative or postoperative photographs in  
7 patient M.R.’s medical records.

8 C. Respondent was unable to show proof of professional liability insurance for the  
9 years 2003 and 2004.

10 D. On or about November 24, 2003, respondent performed a SAL of patient  
11 M.R.’s upper, middle and lower abdomen. Respondent also removed redundant skin from  
12 the suprapubic area which he described in his Operative Report as a “mini-  
13 abdominoplasty.” Patient M.R. claims that fat was also injected into her buttocks and  
14 calves but this is not included in the Operative Report. The procedure was performed under  
15 local anesthesia and lasted one hour and forty-five minutes. Patient M.R. was seen  
16 postoperatively by respondent three times with no complications or problems noted.

17 E. On or about May 17, 2005, patient M.R. consulted respondent for a possible  
18 “facelift.” Respondent’s History and Physical Examination noted the patient’s complaints  
19 of face aging and redundant skin in the preauricular<sup>5</sup> area. On or about May 18, 2005,  
20 patient M.R. was evaluated in a hand-written consultation note for a facelift. Respondent  
21 noted that he planned to perform a “limited middle facelift.” Preoperative photographs  
22 were taken of patient M.R. on or about May 19, 2005.

23 F. Respondent’s professional liability insurance coverage for the period of  
24 February 1, 2005 through February 1, 2008 was for “General Practice No Surgery.”

25 <sup>3</sup> Lipodystrophy is a medical condition characterized by abnormal or degenerative  
26 conditions of the body’s fat tissue.

27 <sup>4</sup> The abnormal lowering or drooping of an organ or a body part.

28 <sup>5</sup> Situated or occurring anterior to the earlobe.

1           G.    On or about May 20, 2005, respondent performed a removal of preauricular  
2           excess skin and a limited middle facelift on patient M.R. In his operative report, respondent  
3           described making a 2 centimeter dissection with one and one-half centimeter of skin  
4           excision in the preauricular area. The procedure was performed under local anesthesia and  
5           lasted one hour and five minutes.

6           H.    Patient M.R. was seen by respondent postoperatively on several occasions. On  
7           or about June 14, 2005, sutures were removed. On or about July 29, 2005, patient M.R.  
8           consulted respondent for redundant skin on the upper third of her face. Respondent's  
9           History and Physical Examination noted that he planned to perform a "Limited brown [sic]  
10          face lift."

11          I.    On or about July 31, 2005, a preoperative photograph of patient M.R. was  
12          taken. This photograph, when compared to the photograph taken on or about May 19,  
13          2005, shows no improvement to patient M.R.'s initial complaints of facial aging and  
14          redundant skin.

15          J.    On or about August 1, 2005, respondent performed a "Supra-auricular excess  
16          removal with limited brown [sic] lift" on patient M.R. under local anesthesia. Patient M.R.  
17          was seen postoperatively by respondent approximately five times with no complications or  
18          problems noted.

19          K.    On or about August 12, 2005, patient M.R. consulted Dr. F.S. because she was  
20          unhappy with her previous surgeries. On or about September 22, 2005, patient M.R.  
21          underwent a liposuction of her hips, back, waist and middle back; and suture lift of the  
22          labial folds.

23          L.    On or about December 21, 2005, patient M.R. consulted respondent with  
24          complaints of 'inflammation of the submenton [sic] area and sagging face due to  
25          procedures on her face" and wanted a face lift. Respondent's plan was to "Remove foreing  
26          [sic] body from submenton [sic] area." On or about June 21, 2006, patient M.R. was again  
27  
28

1 seen by respondent for removal of a foreign body and mentoplasty.<sup>6</sup>

2 M. On or about June 23, 2006, respondent performed a removal of a foreign body  
3 and a mentoplasty on patient M.R. Prior to the procedure, preoperative photographs were  
4 taken and patient M.R. signed a release of claims form. Patient M.R. was seen  
5 postoperatively by respondent two times with no complications or problems noted. Her last  
6 follow up appointment was on or about July 14, 2006.

7 **Patient L.T.**

8 N. On or about May 7, 2008, patient L.T., then a 32 year old female, consulted  
9 with respondent in his Oceanside, California, office for breast augmentation. A drawing  
10 was made by respondent indicating a ten percent (10%) asymmetry of the breasts. His  
11 diagnosis was "small breast and acne invert nipple." Respondent's plan was "BAM +  
12 Nipple Revert." Preoperative photographs were obtained and patient L.T. signed consent  
13 forms. Item No. 8 of the consent form states, "Enoc V. Chambi, M.D. and his associates  
14 carry no professional liability insurance in order to keep his fees within reasonable limits."

15 O. In his History and Physical Examination dated May 7, 2008, respondent listed  
16 his impression as "Asimeetric [sic] Developmental Hypomastya [sic] Left Inverted niple  
17 [sic]" and his plan was "Bilateral Breast Mamaplasty [sic] with Mentor Reverse Inverted  
18 Niple [sic]."

19 P. On or about May 15, 2008, respondent performed a "Bilateral Breast  
20 Augmentation Left Niple [sic] Retraction" under general anesthesia on patient L.T. at the  
21 S.D. Cosmetic Surgery Center. Saline-filled implants were placed subpectorally.<sup>7</sup> Implant  
22 No. 5751835-106 was implanted in the right breast and implant No. 5739636-128 was  
23 implanted in the left breast. The procedure lasted approximately one hour.

24 Q. Patient L.T. was seen postoperatively on or about May 17, 2008, May 22, 2008,  
25 May 28, 2008, and May 29, 2008. The last dated entry states "patient refuses follow up and  
26

27 <sup>6</sup> Mentoplasty is a term that refers to plastic surgery procedures for the chin.

28 <sup>7</sup> Under the muscles of the chest.

1 wants 2d opinion." On or about June 12, 2009, patient L.T. presented to TCMC emergency  
2 room with complaints of breast pain after being unable to contact respondent for a pain  
3 prescription refill. Her disposition from the emergency room revealed no acute process,  
4 just "riding high" breast implants.

5 R. On or about June 20, 2008, patient L.T. consulted Dr. B.E., a board certified  
6 general plastic surgeon, who noted "not enough release of muscle." Photographs taken by  
7 Dr. B.E. of patient L.T.'s breasts, were consistent with high breast implants. More  
8 photographs of patient L.T.'s breasts were taken on or about July 8, 2008.

9 S. On or about November 11, 2008, patient L.T. was seen by respondent for  
10 complaints of "Lt. Breast Drop." A right breast implant<sup>8</sup> deflation was also noted.  
11 Respondent's plan was "Lt. Breast Revision and Nipple Rev. Rt. Breast Revision." Patient  
12 L.T. signed a Release Settlement Agreement in exchange for respondent agreeing to  
13 perform the breast revision procedures.

14 T. On or about February 9, 2009, patient L.T. signed a consent for surgery. The  
15 consent form did not list the procedure to be performed and there were no preoperative  
16 photographs taken. The History and Physical examination lists respondent's plan as "Re-do  
17 Breast Augmentation Revision [sic] Left Breast Aureola [sic] Mastopexy [sic] Limited."  
18 Respondent performed a "BAM Revision + LFT. Nipple Revision and Periaareolar [sic]  
19 Limited Mastopexy [sic]." Defective right breast implant no. 5751835-106 was replaced  
20 by new implant No. 5748452-136. For the intact left breast, respondent stated, "...as  
21 request [sic] from the patient the implant is remove [sic] for a new implant."<sup>9</sup> Respondent  
22 did not clearly document how he treated the very mature capsule in order to revise the  
23 pockets for the implants and provided no detail regarding the dimensions used for the  
24

25 <sup>8</sup> Implant No. 5751835-106 was implanted on May 15, 2008. This was replaced with  
26 Implant No. 5748452-136 on February 9, 2009.

27 <sup>9</sup> Defective Implant No. 5751835-106 which was removed from the right breast appears to  
28 have been reimplanted in the left breast.

1 areolar mastopexy.<sup>10</sup>

2 U. Patient L.T. followed up on or about February 12, 2009 and February 26, 2009  
3 with no reported complications.

4 9. Respondent committed gross negligence in his care and treatment of patients  
5 M.R. and L.T., which included, but was not limited to, the following:

6 (a) On or about November 24, 2003, respondent's liposuction and suprapubic skin  
7 excision did not constitute an abdominoplasty as patient M.R. was led to expect, and  
8 constituted an inappropriate application of a surgical procedure.

9 (b) On or about May 20, 2005, respondent failed to properly perform a facelift on  
10 patient M.R. The "limited pre-auricular skin excision" which is described as a 2 centimeter  
11 dissection with one and one-half centimeter of skin excision in the preauricular area was  
12 insufficient to treat patient M.R.'s condition.

13 (c) Respondent's medical records for patient M.R. are not within the medical-legal  
14 standards of documentation because on or about November 24, 2003, respondent failed  
15 obtain preoperative photographs of patient M.R.'s for the abdominal surgery; respondent's  
16 progress notes and consultations are illegible; his "boilerplate" history and physical  
17 examination contains numerous medically contradictory grammatical errors; and he failed  
18 to describe injecting fat into patient M.R.'s buttocks and calves.

19 (d) On or about February 9, 2009, respondent failed to obtain preoperative  
20 photographs on patient L.T., and the consent form is blank and does not accurately describe  
21 the procedure to be performed.

22 (e) On or about May 15, 2008 respondent failed to properly perform a bilateral  
23 augmentation mammoplasty on patient L.T. by inadequately releasing of the chest muscles  
24 and inframammary fascia resulting in implants that were too high; and on or about February  
25 9, 2009, respondent failed to properly perform breasts revision surgery on patient L.T. by

26  
27 <sup>10</sup> Mastopexy or breast lift surgery refers to a group of elective surgical operations  
28 designed to lift or change the shape of a person's breasts. Mastopexy may involve repositioning  
the areola and nipple, as well as lifting the breast tissue and removing skin.

1 failing to recognize that the position required correction.

2 (f) Respondent's medical records regarding his care and treatment of patient L.T.  
3 contain numerous errors.

4 **SECOND CAUSE FOR DISCIPLINE**

5 (Repeated Negligent Acts)

6 10. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
7 A42966 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
8 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and  
9 treatment of patients M.R. and L.T., as more particularly alleged hereinafter:

10 11. Paragraphs 8 and 9, above, are hereby incorporated by reference and re-alleged  
11 as if fully set forth herein.

12 (a) On or about June 12, 2008, respondent failed to make a timely response to  
13 patient L.T.'s telephone call when she needed a prescription refill for pain medication.

14 **THIRD CAUSE FOR DISCIPLINE**

15 (Failure to Provide Adequate Security by Liability Insurance)

16 12. Respondent is further subject to disciplinary action under sections 2227 and  
17 2234, as defined by section 2216.2, of the Code, in that respondent failed to provide adequate  
18 security by maintaining liability insurance in regards to his care and treatment of patient M.R., as  
19 more particularly alleged hereinafter:

20 (a) Paragraphs 8A, 8B, 8C, 8D, 8E, 8F, 8G, 8H, 8I, 8J, 8K, 8L, and 8M, above, are  
21 hereby incorporated by reference and realleged as if fully set forth herein.

22 (b) Respondent was unable to provide proof of professional liability coverage for  
23 the years 2003 and 2004.

24 (c) Respondent's professional liability insurance for the period of February 1, 2005  
25 through February 1, 2008, only covered him in his general practice, and not for surgery.

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**FOURTH CAUSE FOR DISCIPLINE**

(Failure to Maintain Adequate and Accurate Medical Records)

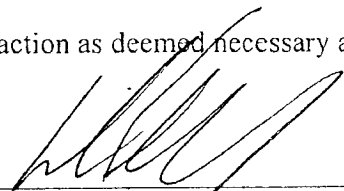
13. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate records in regards to his care and treatment of patients M.R. and L.T., as more particularly alleged hereinafter: Paragraphs 8 and 9, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A42966, heretofore issued to respondent ENOC CHAMBI, M.D.;
2. Revoking, suspending or denying approval of respondent ENOC CHAMBI, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering respondent ENOC CHAMBI, M.D. to pay the Board, if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 3, 2010

  
LINDA K. WHITNEY  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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